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## BIB DATA SHEET

CONFIRMATION NO. 1090

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**\*\* CONTINUING DATA \*\*\*\*\***

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/SAMIRA JM JEAN-LOUIS/ Examiner's Signature	Initials		DE	0	9	4

**ADDRESS**

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 UNITED STATES

**TITLE**

Positive modulators of nicotinic acetylcholine receptors

<b>FILING FEE RECEIVED</b> 1440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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